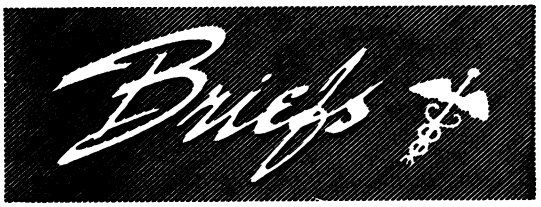

MEDICAL-SOCIAL CONDITIONS OF SLAVES IN THE SOUTH

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Nothing that has happened to men in modern times has been more significant than the buying and selling of human beings out of Africa into America from 1441 to 1870.

W. E. B. DU BOIS

Nature had dealt kindly with Virginia. Long summers and rich soil favored growth of cotton and tobacco. Lacking sufficient labor, cultivation was limited. The dilemma was resolved one day in 1619. John Rolfe, married to Pocahontas, recorded in his diary the arrival of a "Dutch man of warre that sold us twenty Negars." By importation, birth, and breeding, they numbered over two million in two centuries.

MEDICAL CONDITIONS

Slave ships arrived carrying death and disease. Africans were chained in foul and filthy holds, and subject to brutal abuse and starvation. One of every five died. Survivors suffered from scurvy, dysentery, eye inflammations and ulcerations, "curable by a good diet," declared a physician who examined disembarking slaves.

Physicians of ante-bellum South lacked knowledge and training in health problems of slavery. Southern medical facilities emphasized only biological differences.[1] Van Evrie,[2] and Nott and Gliddon[3] published a mass of social and anthropological nonsense to sustain theories of racial superiority and to rationalize slavery. Dr. S. A. Cartwright of Louisiana wrote, "Owners of slaves . . . trust empiricism of overseers rather than regular doctors who practice the false abolition theory that the Negro is only a lampblacked White man." He insisted, "Negroes are anatomically and physiologically different; use 20 per cent less air; and have a deficiency in the cranium which keeps them in a state of barbarism."[4]

Of course, opposing views exist. Du Bois[5] and Coon[6] state, "Black Africans are men in the same sense as White Europeans;" and, "In Africa, under climatic disadvantages, Negroes have developed social systems of considerable complexity and a high art. . . . " Some southern physicians refuted the concept of racial differences. They insisted that diet and living conditions determined the picture of disease. Pendleton claimed that statistics show more illness amongst whites, however, "Doctors were called only in bad cases for the blacks." He also found that whites yield more readily to remedies; whereas, disease amongst the blacks was more unmanageable and mortality greater.[7]

Affect described plantation hygiene and management of slaves which assured good health on some plantations in Mississippi:[4]

1. Allowance of 3½ to 4 pounds per week of sound mess pork to each working hand over 10 years.
2. Bread, hominy, and vegetables ad libitum.
3. Fish and molasses occasionally.
4. Comfortable clothing.
5. A room of 16 to 20 feet square for each family.
6. Work from daybreak to dusk.
7. For each meal ½ to ¾ hours.
8. Seven hours sleep.

He noted that the principal causes of sickness amongst slaves were filthy bayou water, bad food, lack of vegetables, inadequate sanitation and cleanliness, poor clothing, insufficient fuel in winter, excessive punishments, exposure to rain, dew, and night air, and injury from carrying heavy baskets of cotton on their heads. He concluded with these observations: pneumonia, aggravated by poor treatment, was frequent in winter; intermittent fever and pneumonia, in spring; congestive fevers, in fall; and bilious fevers, during the summer.

DISEASES

Slaves suffered from anemia (cachexia africana, dirt-eating), urinary affections, rheumatism, dysentery, nutritional disorders, malaria, yellow-fever, pulmonary diseases, dental ailments, and hernia. Venereal disease and drunkenness were rare. Death rates were higher, ". . . because medical care was delayed until too late to affect much."[7] Jones reported excessive Negro mortality which he concluded was due to poverty, ignorance, bad sanitation, poor food, crowding, and lack of medical attention.[7, 13] A planter could order medical or surgical aid, or be indifferent to illness. Medical care was usually left to overseers. It was sometimes supervised by master, mistress, family physician, or doctor on contract basis. Of course, there was always the slave steeped

in religion, magic, and folk-medicine.[1]

Duncan courageously wrote, "A very common disease among Negroes on plantations in this part of the country is a state of anemia. The diet of Negroes being salt pork, corn bread, and molasses . . . rarely eating fresh meat and vegetables." He believed dirt-eating was not the cause but, "A symptom of deficiency of suitable nutriment." He recommended fresh meats, vegetables, wine and iron preparations "to restore to health." Treatment with tin face-masks, iron gags and chaining to plank floors was deplored by Duncan. "The cause still exists, and the disease cannot be cured so long as these depressing moral agents are used." He pleaded: "Clothe him well, feed him well, and do not overtask him"; and, "Arouse his feelings of pride, teach him to feel that he is a reasonable and rational being, and . . . we shall . . . rescue a valuable servant from the grave."[4]

Carpenter wrote, "Dirt-eating is of frequent occurrence, particularly on large plantations which occupy unhealthy locations." He stated that unwholesome food and atmosphere caused this generally fatal sickness and advocated a generous diet of fresh animal food, fish, wine, change to a healthy region and kind usage. He disapproved of severe punishments, confinement, and tin masks secured by a lock.[7]

Epidemics of cholera were disastrous regardless of color. Plantations were sometimes deserted by Whites and slaves abandoned. Mortality was staggering. Bishop Polk's plantation in Mississippi had 356 slaves, 277 had cholera, and 69 died.[4] A plantation doctor (Dr. Booth) complained that slaves were apathetic to the horrors because "Negroes are fatalists."[4]

Malaria susceptibility was low. Plasmodium falciparum was brought by the Africans. Europeans carried P. vivax and P. malariae. The anophelene vector, as also insect vectors of yellow fever, dengue, and typhoid, found suitable breeding areas in semi-tropical South.[8]

Africans probably introduced yellow fever to the West Indies which was a source of carriers to American seaports.[9] Aedes aegypti, the insect vector, comfortably survived Southern winters. Though slaves enjoyed some immunity, many died during epidemics.

The black infant and child battled to survive under slavery. Newborn tetanus was frequent. Hurried and harried feeding by overheated and overworked mothers in the fields affected infant health. "Overlaying" by weary, exhausted mothers occurred. Cradles were poorly made. Quarters were badly located and filthy. Amongst the young, dirt-eating was frequent and fatal; and susceptibility to measles, scarlet fever, and whooping cough high. Infant mortality was excessive. Many died during the first 10 days; and 50 per cent did not survive the first year. Dr. J. A. Ketchum of Mobile noted, "The greatest mortality is among infants under one year of age, and the next between one and 10 years."[4] A mortality report from Augusta, Georgia, in 1838 showed that 50 per cent died by 20 years of age.[7]

Slave women lived a hard and harassed existence. They were forced to submit to white men. Child birth received the aid of a doctor in preternatural labor only. Miscarriage and abortion were frequent. Many were barren; and planters believed that black women were possessed of a secret by which they destroyed the foetus.[4] Uterine troubles were frequent. The successful operation for vesico-vaginal fistula (1849), originated by J. Marion Sims (1813-1883), was a debt to slave women.[10] Sims, who practiced in Montgomery, "Established the first female hospital in the world and did the plastic operation on women slaves that brought him success and immortal fame."[11]

The picture of medical care was not entirely gloomy. There were kindly masters; besides, slave deaths were costly. Cowpox vaccination was widely employed, though not compulsory for Whites. Crude cinchona was discarded for quinine sulphate discovered in the early 19th century by French chemists. Drainage and land improvements eliminated breeding places of insect vectors of autumnal fevers. Slaves were encouraged to drink rain water to avoid cholera.[1]

SOCIAL CONDITIONS

The slave worked hard; lived in poverty; and was forbidden to assemble, read, write, possess a book, or roam at night. His yearnings, weariness, and suffering were expressed in spirituals or "sorrow-songs."[5] Marriage was illegal, and family life non-existant. The slave was humble, servile, and devoted. Those who did not conform were brutalized or killed. Dogs were trained to kill. To express any aspirations was dangerous and often fatal. When sent to prison, "They are daily taken out in a chain-gang, and set to work on the streets. The arrangement consists of an iron shackle locked around one leg."[4]

CONCLUSION

There is no doubt that slavery cast a dark shadow on the lives, health, and well-being of both Black and White. Perhaps Dr. Benjamin Rush offered the desirable solution in his opposition to slavery. He stated: "The vices charged against the Negro, idleness, treachery, theft . . . are the offspring of slavery itself. Let them be taught to read and write . . . and afterwards instructed in some business whereby they may be able to maintain themselves."[12]

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THE MEHARRY MULTITEST SCREENING LABORATORY AND HEALTH EVALUATION STUDY

Meharry Medical College in conjunction with sister institutions in Nashville and with funding from the Tennessee Mid-South Regional Medical Program, is making an effort to reach the inner-city poor. This population has been defined by a baseline Family Health Study carried out by the Center for Community Studies at Peabody College on 600 mostly black family housekeeping units.

Findings typically show families with: ⅔ having incomes less than $3000 a year; ½ in dilapidated dwellings; ⅔ over 25 years old with less than an 8th grade education; ½ with a female head of the household; and recalled illnesses averaging 1½ per year.

A study area of approximately 36,000 persons to have available a Neighborhood Health Center was matched with a comparison area having about 30,000 people having the usual sources of health care.

When the Meharry Center opens this fall, it is anticipated that much of each area's non-acutely ill population will be referred for screening by private practitioners, clinic physicians, and the Neighborhood Health Center physicians. This forms the base of the long term prospective health evaluation study.

Information sessions with the medical groups for support of this effort have occurred, and physicians are not only strongly encouraged to send persons 18 and older to the screen, which will be moderately automated and computerized, but to participate in the long-term follow-up.

The screening laboratory will perform urine testing and 27 chemical and hematological determinations. EGC/VCG, chest x-ray and examinations of the eyes, ears, teeth and lungs will also form a part of the basic study.

The total operating staff will be about 47, and the results of the 53 tests will be reported within 48 hours to the referring physician. Values outside of the tentative expected "normal" ranges will be prominently displayed on the computer print-out. The tentative ranges will be modified as data is accumulated and analyzed. In this way we hope to avoid possibly erroneous preconceptions.

Attention will be paid to causes of variability, and traditional quality control methodology will be employed to ensure reliable data.

Thus, a team effort involving many professional skills hopes to make a contribution to early detection, control, and prevention of disease, health maintenance, and preventive community health focused on a mainly poor inner-city population.

SUMMARY

The Meharry Multitest Screening Laboratory will bring 53 screening tests to an inner-city, mostly black, poor population divided into study and comparison areas. In addition to the service aspects, this data base and follow-up will be utilized as part of a long-term health evaluation study.

Organizations

HOMER G. PHILLIPS HOSPITAL INTERNES ALUMNI ASSOCIATION, St. Louis, Missouri

The **24th Annual Convention** was held as scheduled on April 24-27, 1969 (v. this **Journal,** March 1969, p. 202).

Sixteen Past-Presidents were in attendance. The chairman of the Reunion Committee for the Past-Presidents was **James B. Harris, M.D.,** Atlanta. Women Alumni who attended were **Mary Ann Tillman, M.D.,** St. Louis, chairman of the Reunion Committee for Lady Alumni; **Anna Standard, M.D.** and **Theresa Reed, M.D.** of Washington, D.C.; **Milagros Banton, M.D.** and **Nina Carter, M.D.** of St. Louis; and **Edna Brooks, M.D.** of Houston.

Guest speakers, in addition to **Drs. Walter F. Ballinger, II, Alfred J. Sherman** and **William Banton, II,** previously reported, were **David Todd, M.D.,** associate professor of surgery, and **Calvin L. Calhoun, M.D.,** director, Department of Neurology, of Meharry Medical College.

The banquet address by the **Hon. Scovel Richardson,** Judge, U.S. Customs Court, N.Y., was on, "Law and Order."

Awards of Merit for outstanding service rendered to the Hospital and/or the Alumni Association were